

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

OFFICE OF STATEWIDE
HEALTH PLANNING
AND DEVELOPMENT
FISCAL SERVICES

Please type or print in ink

A Public Document

2007 MAR 29 P 2:31

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Carlisle	David	Murray	(916) 654-1606
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: FAX / E-MAIL ADDRESS
			653-1448/dcarlisl@oshpd.ca.gov

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Statewide Health Planning & Development

Division, Board, District, if applicable:

Director's Office

Your Position:

Director

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

☐ The period covered is ____/____/____, through December 31, 2006.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 3

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/29/07

(month, day, year)

Signature

[Redacted Signature]

(File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>David Carlisle</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

University of California, Los Angeles

ADDRESS

911 Broxton Plaza, Los Angeles, CA 90095-1736

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Associate Professor/General Internal Medicine

YOUR BUSINESS POSITION

Associate Professor on Leave

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Health Net of California

ADDRESS

21281 Burbank Blvd., Woodland Hills, CA 91367

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Regional Medical Director

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOAN RECEIVED**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>David Carlisle</u>

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

> NAME OF SOURCE <u>UC Davis School of Medicine, Deon's Office</u>
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Medical School</u>
DATE(S): ____/____/____ - ____/____/____ AMT: \$ <u>90.00</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Mondavi Center Tickets in conjunction with</u> <u>Disparities Center Program at Mondavi Center</u>

> NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

> NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

> NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: _____